

<i>SERFF Tracking Number:</i>	<i>RSLI-126698428</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reliance Standard Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46084</i>
<i>Company Tracking Number:</i>	<i>LRS-6570-1-0610</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.003 Long Term</i>
<i>Product Name:</i>	<i>group long term disability income</i>		
<i>Project Name/Number:</i>	<i>Educator plans/</i>		

Filing at a Glance

Company: Reliance Standard Life Insurance Company

Product Name: group long term disability income SERFF Tr Num: RSLI-126698428 State: Arkansas

TOI: H11G Group Health - Disability Income SERFF Status: Closed-Approved-Closed State Tr Num: 46084

Sub-TOI: H11G.003 Long Term Co Tr Num: LRS-6570-1-0610 State Status: Approved-Closed

Filing Type: Form Author: Richard Vogenitz Reviewer(s): Rosalind Minor
 Date Submitted: 06/29/2010 Disposition Date: 07/19/2010
 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Educator plans

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Overall Rate Impact:

Filing Status Changed: 07/19/2010

Deemer Date:

Submitted By: Richard Vogenitz

Filing Description:

Reliance Standard Life Insurance Company

Group Long Term Disability Income

Forms Submitted:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 07/19/2010

Created By: Richard Vogenitz

Corresponding Filing Tracking Number:

LRS-6570-1-0610 Schedule of Benefits (certificate)

LRS-6564-9-0610 Benefit Provisions (policy)

LRS-6564-14 Ed. 6/10 Survivor Benefit (policy)

LRS-6570-10 Ed. 6/10 Survivor Benefit (certificate)

<i>SERFF Tracking Number:</i>	<i>RSLI-126698428</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>group long term disability income</i>		
<i>Project Name/Number:</i>	<i>Educator plans/</i>		
LRS-6564-10-0610 Exclusions (policy)			
LRS-6570-7-0610 Exclusions (certificate)			
LRS-6564-551-0610	Pre-existing Conditions Benefit (policy)		
LRS-6570-561-0406	Pre-existing Conditions Benefit (certificate)		

Forms LRS-6570-1-0610 and LRS-6564-9-0610 replace forms LRS-6570-1-0406 and LRS-6564-9-0406, respectively. The only revision to the previously filed exempt forms is in the "Benefit Amount" section above "Other Income Benefits". Item (3) was revised to allow for a monthly benefit to be paid for a specified period of time before we offset with Other Income Benefits.

Forms LRS-6564-14 Ed. 6/10 and LRS-6570-10 Ed. 6/10 replace forms LRS-6564-14 Ed. 1/00 and LRS-6570-10 Ed. 1/00. The forms were revised to allow for a gross benefit to be paid (ie no off-setting with Other Income Benefits).

Forms LRS-6564-10 -0610 and LRS-6570-7-0610 replace forms LRS-6564-10 -1189 and LRS-6570-7-1189. The forms were revised to allow for "non-occupational" coverage to be issued.

Forms LRS-6564-551-0610 and LRS-6570-561-0610 are new and do not replace any forms on file.

Forms LRS-6564-64-00492 and LRS-6570-65-0492 are being sent informationally. We are adding options to a bracketed area as described on the statement of variability.

Company and Contact

Filing Contact Information

Richard Vogenitz, Senior Compliance Specialist richard.vogenitz@rsli.com
 2001 Market Street 800-351-7500 [Phone] 4228 [Ext]
 Suite 1500 267-256-3546 [FAX]
 Philadelphia, PA 19130-7090

Filing Company Information

Reliance Standard Life Insurance Company	CoCode: 68381	State of Domicile: Illinois
2001 Market Street	Group Code:	Company Type:
Suite 1500	Group Name:	State ID Number:
Philadelphia, PA 19103-7090	FEIN Number: 36-0883760	
(800) 351-7500 ext. [Phone]		

<i>SERFF Tracking Number:</i>	<i>RSLI-126698428</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.003 Long Term</i>
<i>Product Name:</i>	<i>group long term disability income</i>		
<i>Project Name/Number:</i>	<i>Educator plans/</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$400.00
Retaliatory?	Yes
Fee Explanation:	\$50 per form X 8 forms.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reliance Standard Life Insurance Company	\$400.00	06/29/2010	37628304

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/19/2010	07/19/2010

<i>SERFF Tracking Number:</i>	<i>RSLI-126698428</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Educator plans/</i>		

Disposition

Disposition Date: 07/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: RSLI-126698428 State: Arkansas

Filing Company: Reliance Standard Life Insurance Company State Tracking Number: 46084

Company Tracking Number: LRS-6570-1-0610

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term

Product Name: group long term disability income

Project Name/Number: Educator plans/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	statement of variability	Approved-Closed	Yes
Supporting Document	Living benefit forms	Approved-Closed	Yes
Form	Schedule of Benefits	Approved-Closed	Yes
Form	Benefit Provisions	Approved-Closed	Yes
Form	Survivor Benefit	Approved-Closed	Yes
Form	Survivor Benefit	Approved-Closed	Yes
Form	Exclusions	Approved-Closed	Yes
Form	Exclusions	Approved-Closed	Yes
Form	Pre-existing Conditions Benefit	Approved-Closed	Yes
Form	Pre-existing Conditions Benefit	Approved-Closed	Yes

SERFF Tracking Number: RSLI-126698428 State: Arkansas

Filing Company: Reliance Standard Life Insurance Company State Tracking Number: 46084

Company Tracking Number: LRS-6570-1-0610

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term

Product Name: group long term disability income

Project Name/Number: Educator plans/

Form Schedule

Lead Form Number: LRS-6570-1-0610

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/19/2010	LRS-6570-1-0610	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Schedule of Benefits	Revised	Replaced Form #: LRS-6570-1-0406 Previous Filing #:	58.000	SchofBen_cer t.pdf
Approved-Closed 07/19/2010	LRS-6564-9-0610	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Benefit Provisions	Revised	Replaced Form #: LRS-6564-9-0406 Previous Filing #:	57.000	Benprov_polic y.pdf
Approved-Closed 07/19/2010	LRS-6564-14 Ed. 6/10	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Survivor Benefit	Revised	Replaced Form #: LRS-6564-14 Ed. 1/00 Previous Filing #:	50.000	Survivor Benefit_policy .pdf
Approved-Closed 07/19/2010	LRS-6570-10 Ed. 6/10	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Survivor Benefit	Revised	Replaced Form #: LRS-6570-10 Ed. 1/00 Previous Filing #:	51.000	Survivor Benefit_cert.p df
Approved-	LRS-6564-	Policy/Cont	Exclusions	Revised	Replaced Form #:	55.000	Exclusions_p

SERFF Tracking Number:	RSLI-126698428	State:	Arkansas
Filing Company:	Reliance Standard Life Insurance Company	State Tracking Number:	46084
Company Tracking Number:	LRS-6570-1-0610		
TOI:	H11G Group Health - Disability Income	Sub-TOI:	H11G.003 Long Term
Product Name:	group long term disability income		
Project Name/Number:	Educator plans/		
Closed 10-0610	ract/Fratern	LRS-6564-10-1189	olicy.pdf
07/19/2010	al	Previous Filing #:	
	Certificate:		
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Approved- LRS-6570-	Certificate Exclusions	Revised	Replaced Form #: 56.000
Closed 7-0610	Amendmen		LRS-6570-7-1189
07/19/2010	t, Insert		Previous Filing #:
	Page,		
	Endorseme		
	nt or Rider		
Approved- LRS-6564-	Policy/Cont Pre-existing	Initial	52.000
Closed 551-0610	ract/Fratern Conditions Benefit		
07/19/2010	al		pre-x
	Certificate:		benefit_policy
	Amendmen		.pdf
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved- LRS-6570-	Certificate Pre-existing	Initial	53.000
Closed 561-0610	Amendmen Conditions Benefit		
07/19/2010	t, Insert		pre-x
	Page,		benefit_cert.p
	Endorseme		df
	nt or Rider		

SCHEDULE OF BENEFITS

ELIGIBLE CLASSES: [All active, Full-time employees, except if you are employed on a temporary or seasonal basis.]

[WAITING PERIOD: None, if employed on the Policy effective date.
Three (3) Months, if employed after the Policy effective date.]

YOUR EFFECTIVE DATE: [The day immediately following completion of the Waiting Period, if applicable.]

YOUR REINSTATEMENT: [Six (6) Months]

LONG TERM DISABILITY BENEFIT

ELIMINATION PERIOD: [Ninety (90)] consecutive days of Total Disability.

MONTHLY BENEFIT: [The Monthly Benefit is an amount equal to [60%] of Covered Monthly Earnings. To figure this benefit amount payable:

- (1) multiply your Covered Monthly Earnings by the benefit percentage(s) shown above;
- (2) take the lesser of the amount:
 - (a) of step (1) above; or
 - (b) the Maximum Monthly Benefit shown below; and
- (3) [after a Monthly Benefit has been paid for [3months]] subtract Other Income Benefits, as shown below, from step (2), above.

We will pay at least the Minimum Monthly Benefit shown below.]

[OTHER INCOME BENEFITS: Other Income Benefits are:

- [(1) disability income benefits you are eligible to receive because of your Total Disability under any group insurance plan(s);
- (2) disability income benefits you are eligible to receive because of your Total Disability under any governmental retirement system, except benefits payable under a federal government employee pension benefit;
- (3) all benefits (except medical or death benefits) including any settlement made in place of such benefits (whether or not liability is admitted) you are eligible to receive because of your Total Disability under:
 - (a) Worker's Compensation Laws;
 - (b) occupational disease law;
 - (c) any other laws of like intent as (a) or (b) above; and
 - (d) any compulsory benefit law;
- (4) any of the following that you are eligible to receive:
 - (a) any formal salary continuance plan;
 - (b) wages, salary or other compensation excluding the amount allowable under the Rehabilitation Provision; and
 - (c) commissions or monies, including vested renewal commissions, but, excluding commissions or monies that you earned prior to Total Disability which are paid after Total Disability has begun;
- (5) that part of disability benefits paid for by the Policyholder that you are eligible to receive because of your Total Disability under a group retirement plan; and
- (6) that part of Retirement Benefits paid for by the Policyholder that you are eligible to receive under a group retirement plan; and

- (7) disability or Retirement Benefits under the United States Social Security Act, the Canadian pension plans, or any other government plan which:
- (a) you are eligible to receive because of your Total Disability or eligibility for Retirement Benefits; and
 - (b) your dependents are eligible to receive due to (a) above.]

Disability and early Retirement Benefits will be offset only if such benefits are elected by you or if election would not reduce the amount of your accrued normal Retirement Benefits then funded.

Retirement Benefits under number (7) above will not apply to disabilities which begin after age 70 if you are already receiving Social Security Retirement Benefits while continuing to work beyond age 70.

[MINIMUM MONTHLY BENEFIT: In no event will the Monthly Benefit payable to you be less than \$50.00.]

MAXIMUM MONTHLY BENEFIT: [\$5,000.00 (this is equal to a maximum Covered Monthly Earnings of \$8,333.33)]

MAXIMUM DURATION OF BENEFITS: [Benefits will not accrue beyond the duration specified below:

<u>Age at Disablement</u>	<u>Duration of Benefits (in years)</u>
61 or less	To Age 65
62	3-1/2
63	3
64	2-1/2
65	2
66	1-3/4
67	1-1/2
68	1-1/4
69	1]

CHANGES IN MONTHLY BENEFIT: Increases in the Monthly Benefit are effective [on the date of the change], provided you are Actively at Work on the effective date of the change. If you are not Actively at Work on that date, the effective date of the change will be deferred until the date you return to Active Work.

Decreases in the Monthly Benefit are effective on the date the change occurs.

CONTRIBUTIONS: You are[not] required to contribute toward the cost of this insurance.

BENEFIT PROVISIONS

INSURING CLAUSE: We will pay a Monthly Benefit if an Insured:

- (1) is Totally Disabled as the result of a Sickness or Injury covered by this Policy;
- (2) is under the Regular Care of a Physician;
- (3) has completed the Elimination Period; and
- (4) submits satisfactory proof of Total Disability to us.

BENEFIT AMOUNT: [To figure the benefit amount payable:

- (1) multiply an Insured's Covered Monthly Earnings by the benefit percentage (s), as shown on the Schedule of Benefits page;
- (2) take the lesser of the amount:
 - (a) of step (1) above; or
 - (b) the Maximum Monthly Benefit, as shown on the Schedule of Benefits page; and
- (3) [after a Monthly Benefit has been paid to an Insured for [3] months]subtract Other Income Benefits, as shown below, from step (2) above.

We will pay at least the Minimum Monthly Benefit, as shown on the Schedule of Benefits page.]

OTHER INCOME BENEFITS: Other Income Benefits are:

- [(1) disability income benefits an Insured is eligible to receive because of his/her Total Disability under any group insurance plan(s);
- (2) disability income benefits an Insured is eligible to receive because of his/her Total Disability under any governmental retirement system, except benefits payable under a federal government employee pension benefit;
- (3) all benefits (except medical or death benefits) including any settlement made in place of such benefits (whether or not liability is admitted) an Insured is eligible to receive because of his/her Total Disability under:
 - (a) Worker's Compensation Laws;
 - (b) occupational disease law;
 - (c) any other laws of like intent as (a) or (b) above; and
 - (d) any compulsory benefit law;
- (4) any of the following that the Insured is eligible to receive:
 - (a) any formal salary continuance plan;
 - (b) wages, salary or other compensation excluding the amount allowable under the Rehabilitation Provision; and
 - (c) commissions or monies, including vested renewal commission, but, excluding commissions or monies that the Insured earned prior to Total Disability which are paid after Total Disability has begun;
- (5) that part of disability benefits paid for by you an Insured is eligible to receive because of his/her Total Disability under a group retirement plan; and
- (6) that part of Retirement Benefits paid for by you that an Insured is eligible to receive under a group retirement plan; and disability or Retirement Benefits under the United States Social Security Act, the Canadian pension plans or any other government plan for which:
 - (a) an Insured is eligible to receive because of his/her Total Disability or eligibility for Retirement Benefits; and
 - (b) an Insured's dependents are eligible to receive due to (a) above.]

Disability and early Retirement Benefits will be offset only if such benefits are elected by the Insured or if election would not reduce the amount of his/her accrued normal Retirement Benefits then funded.

Retirement Benefits under number (7) above will not apply to disabilities which begin after age 70 for those Insureds already receiving Social Security Retirement Benefits while continuing to work beyond age 70.

[Benefits above will be estimated if the benefits:

- (1) have not been applied for; or
- (2) have been applied for and a decision is pending; or
- (3) have been denied and the denial may be appealed.

The Monthly Benefit will be reduced by the estimated amount. If benefits have been estimated, the Monthly Benefit will be adjusted when we receive proof:

- (1) of the amount awarded; or
- (2) that benefits have been denied and the denial cannot be further appealed.

BENEFIT PROVISIONS (Continued)

If we have underpaid any benefit for any reason, we will make a lump sum payment. If we have overpaid any benefit for any reason, the overpayment must be repaid to us. At our option, we may reduce the Monthly Benefit or ask for a lump sum refund. If we reduce the Monthly Benefit, the Minimum Monthly Benefit, if any, as shown on the Schedule of Benefits page, would not apply. Interest does not accrue on any underpaid or overpaid benefit unless required by applicable law.]

For each day of a period of Total Disability less than a full month, the amount payable will be 1/30th of the Monthly Benefit.

[COST OF LIVING FREEZE: After the initial deduction for any Other Income Benefits, the Monthly Benefit will not be further reduced due to any cost of living increases payable under these Other Income Benefits.]

LUMP SUM PAYMENTS: If Other Income Benefits are paid in a lump sum, the sum will be prorated over the period of time to which the Other Income Benefits apply. If no period of time is given, the sum will be prorated over sixty (60) months.

TERMINATION OF MONTHLY BENEFIT: The Monthly Benefit will stop on the earliest of:

- (1) the date the Insured ceases to be Totally Disabled;
- (2) the date the Insured dies;
- (3) the Maximum Duration of Benefits, as shown on the Schedule of Benefits page, has ended;
- (4) the date the Insured fails to furnish the required proof of Total Disability; or
- (5) the date the Insured refuses to accept or to continue Rehabilitative Employment when such employment has been properly approved.

RECURRENT DISABILITY: If, after a period of Total Disability for which benefits are payable, an Insured returns to Active Work for at least [six (6) consecutive months], any recurrent Total Disability for the same or related cause will be part of a new period of Total Disability. A new Elimination Period must be completed before any further Monthly Benefits are payable.

If an Insured returns to Active Work for less than [six (6) months], a recurrent Total Disability for the same or related cause will be part of the same Total Disability. A new Elimination Period is not required. Our liability for the entire period will be subject to the terms of this Policy for the original period of Total Disability.

This recurrent disability section will not apply to an Insured who becomes eligible for insurance coverage under any other group long term disability insurance plan.

SURVIVOR BENEFIT - LUMP SUM

We will pay a benefit to an Insured's Survivor when we receive proof that the Insured died while:

- (1) he/she was receiving Monthly Benefits from us; and
- (2) he/she was Totally Disabled for at least one hundred and eighty (180) consecutive days.

The benefit will be an amount equal to [3] times the Insured's last Monthly Benefit. The last Monthly Benefit is the benefit the Insured was eligible to receive right before his/her death [, with no reduction from Other Income Benefits]. [It is not reduced by wages earned while in Rehabilitative Employment.]

"Survivor" means an Insured's spouse. If the spouse dies before the Insured or if the Insured was legally separated, then the Insured's natural, legally adopted or step-children, who are under age [twenty-five (25)] will be the Survivor(s). If there are no eligible Survivors, payment will be made to the Insured's estate, unless a beneficiary is on record with us under this Policy.

[Additionally, with respect to an Insured for whom an Affidavit of Domestic Partnership is on file with you and is in effect, "survivor" means such Insured's domestic partner named on such Affidavit. If such domestic partner dies before the Insured, then the Insured's natural, legally adopted, step-children or child(ren) named on the Affidavit of Domestic Partnership, who are under age [twenty-five (25)] will be the Survivor(s).]

A benefit payable to a minor may be paid to the minor's legally appointed guardian. If there is no guardian, at our option, we may pay the benefit to an adult that has, in our opinion, assumed the custody and main support of the minor. We will not be liable for any payment we have made in good faith.

SURVIVOR BENEFIT - LUMP SUM

We will pay a benefit to your Survivor when we receive proof that you died while:

- (1) you were receiving Monthly Benefits from us; and
- (2) you were Totally Disabled for at least one hundred and eighty (180) consecutive days.

The benefit will be an amount equal to [3] times your last Monthly Benefit. The last Monthly Benefit is the benefit you were eligible to receive right before your death[, with no reduction from Other Income Benefits]. [It is not reduced by wages earned while in Rehabilitative Employment.]

“Survivor” means your spouse. If your spouse dies before you or if you were legally separated, then your natural, legally adopted or step-children, who are under age [twenty-five (25)] will be the Survivor(s). If there are no eligible Survivors, payment will be made to your estate, unless a beneficiary is on record with us under the Policy.

[Additionally, with respect to an Affidavit of Domestic Partnership on file with the Policyholder and in effect, “survivor” means your domestic partner named on such Affidavit. If such domestic partner dies before you, then your natural, legally adopted, step-children or child(ren) named on the Affidavit of Domestic Partnership, who are under age [twenty-five (25)] will be the Survivor(s).]

A benefit payable to a minor may be paid to the minor’s legally appointed guardian. If there is no guardian, at our option, we may pay the benefit to an adult that has, in our opinion, assumed the custody and main support of the minor. We will not be liable for any payment we have made in good faith.

EXCLUSIONS

We will not pay a Monthly Benefit for any Total Disability caused by:

- [(1) an act of war, declared or undeclared;
- (2) an intentionally self-inflicted injury;
- (3) the Insured committing a felony;
- (4) alcoholism or drug addiction;
- (5) an Injury or Sickness that occurs while the Insured is confined in any penal or correctional institution; or
- (6) a mental or nervous disorder;
- (7) a Sickness which is covered by a Workers' Compensation Act, or other workers' disability law; or
- (8) an Injury which occurs out of or in the course of work for wage or profit.]

EXCLUSIONS

We will not pay a Monthly Benefit for any Total Disability caused by:

- [(1) an act of war, declared or undeclared;
- (2) an intentionally self-inflicted injury;
- (3) the Insured committing a felony;
- (4) alcoholism or drug addiction;
- (5) an Injury or Sickness that occurs while the Insured is confined in any penal or correctional institution;
- (6) a mental or nervous disorder;
- (7) a Sickness which is covered by a Workers' Compensation Act, or other workers' disability law; or
- (8) an Injury which occurs out of or in the course of work for wage or profit.]

PRE-EXISTING CONDITION BENEFIT

We will pay a Pre-Existing Condition Benefit to an Insured if:

- (1) the Insured meets all of the requirements of Total Disability under this Policy;
- (2) the applicable Elimination Period has been satisfied;
- (3) Total Disability occurs during the first [twenty-four (24) months] of coverage; and
- (4) the Total Disability is caused by a Pre-Existing Condition.

The Pre-Existing Condition Benefit will be:

- (1) an amount equal to [the Monthly Benefit Amount (payable in accordance with the section entitled Benefit Provisions)] [[30%] of an Insured's Covered Monthly Earnings, subtracting Other Income Benefits, up to a maximum of \$[3,750] per month];
- (2) paid for a maximum of [two (2)] months; and
- (3) paid one time only for any one Insured].

[In the event a Total Disability occurs after the first [twenty-four (24) months] of coverage, but within [twenty-four (24) months] of the effective date of an election of:

- (1) [an increased Monthly Benefit, the Pre-Existing Condition Benefit will be an amount equal to the Monthly Benefit Amount (payable in accordance with the section entitled Benefit Provisions) in effect prior to the effective date of the benefit increase];
- (2) [a shorter Elimination Period, the Pre-Existing Condition Benefit will be an amount equal to the Monthly Benefit Amount (payable in accordance with the section entitled Benefit Provisions), however, the Elimination Period will be based on the Elimination Period in effect prior to the effective date of the change in Elimination Period]; or
- (3) [an increased Maximum Duration of Benefits, the Pre-Existing Condition Benefit will be an amount equal to the Monthly Benefit Amount (payable in accordance with the section entitled Benefit Provisions), however, the duration of benefits will be based on the Maximum Duration of Benefits in effect prior to the effective date of the change in Maximum Duration.]]

PRE-EXISTING CONDITION BENEFIT

We will pay a Pre-Existing Condition Benefit to you if:

- (1) you meet all of the requirements of Total Disability under the Policy;
- (2) the applicable Elimination Period has been satisfied;
- (3) Total Disability occurs during the first [twenty-four (24) months] of coverage; and
- (4) the Total Disability is caused by a Pre-Existing Condition.

The Pre-Existing Condition Benefit will be:

- (1) an amount equal to [the Monthly Benefit Amount (payable in accordance with the section entitled Benefit Provisions)] [[30%] of your Covered Monthly Earnings, subtracting Other Income Benefits, up to a maximum of \$[3,750] per month];
- (2) paid for a maximum of [two (2)] months; and
- (3) paid one time only].

[In the event a Total Disability occurs after the first [twenty-four (24) months] of coverage, but within [twenty-four (24) months] of the effective date of an election of:

- (1) [an increased Monthly Benefit, the Pre-Existing Condition Benefit will be an amount equal to the Monthly Benefit Amount (payable in accordance with the section entitled Benefit Provisions) in effect prior to the effective date of the benefit increase];
- (2) [a shorter Elimination Period, the Pre-Existing Condition Benefit will be an amount equal to the Monthly Benefit Amount (payable in accordance with the section entitled Benefit Provisions), however, the Elimination Period will be based on the Elimination Period in effect prior to the effective date of the change in Elimination Period]; or
- (3) [an increased Maximum Duration of Benefits, the Pre-Existing Condition Benefit will be an amount equal to the Monthly Benefit Amount (payable in accordance with the section entitled Benefit Provisions), however, the duration of benefits will be based on the Maximum Duration of Benefits in effect prior to the effective date of the change in Maximum Duration.]]

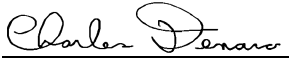
SERFF Tracking Number:	RSLI-126698428	State:	Arkansas
Filing Company:	Reliance Standard Life Insurance Company	State Tracking Number:	46084
Company Tracking Number:	LRS-6570-1-0610		
TOI:	H11G Group Health - Disability Income	Sub-TOI:	H11G.003 Long Term
Product Name:	group long term disability income		
Project Name/Number:	Educator plans/		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: AR_Consumer Information Notice_certification.pdf AR_Rule and reg 19_certification.pdf AR_Rule and reg 49_certification.pdf AR_Readability_certification.pdf	Approved-Closed	07/19/2010
Satisfied - Item: Application Comments: LRS-8387 on 8/14/09	Approved-Closed	07/19/2010
Satisfied - Item: statement of variability Comments: Attachment: LTD_Varlangmem.pdf	Approved-Closed	07/19/2010
Satisfied - Item: Living benefit forms Comments: Attachments: Living benefit_policy.pdf Living Benefit_cert.pdf	Approved-Closed	07/19/2010

CERTIFICATION OF COMPLIANCE

I certify that we comply with ACA 23-79-138 regarding consumer information notices.

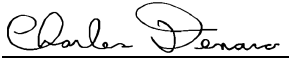
A handwritten signature in cursive script, reading "Charles Denaro", positioned above a horizontal line.

Charles Denaro
Vice President, Secretary

Date: June 29, 2010

CERTIFICATION OF COMPLIANCE

I certify that we comply with Rule and Regulation 19.

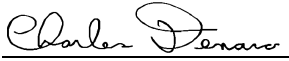
A handwritten signature in cursive script, reading "Charles Denaro", positioned above a horizontal line.

Charles Denaro
Vice President, Secretary

Date: June 29, 2010

CERTIFICATION OF COMPLIANCE

I certify that we comply with Rule and Regulation 49.

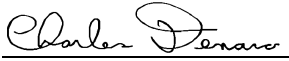
A handwritten signature in cursive script, reading "Charles Denaro", positioned above a horizontal line.

Charles Denaro
Vice President, Secretary

Date: June 29, 2010

CERTIFICATION OF COMPLIANCE

I certify that we comply with ACA 23-80-206 regarding readability.

A handwritten signature in cursive script, reading "Charles Denaro", positioned above a horizontal line.

Charles Denaro
Vice President, Secretary

Date: June 29, 2010

VARIABLE LANGUAGE MEMORANDUM

Applicable to Group Long Term Disability Income Policy

This memorandum is intended to provide a listing of possible time periods, benefit percentages, benefit amounts, etc. that can be used in addition to any information provided in any brackets. Should entire forms, sections, phrases, etc. be used, that means that the information is either included or excluded. Any exceptions to this will be noted.

Forms:

SCHEDULE OF BENEFITS

1. NAME OF SUBSIDIARIES: Any subsidiary companies' names will appear.
2. ELIGIBLE CLASSES: the eligibility description applicable to the policy will appear.
3. WAITING PERIOD: can apply to all employees or future employees. Waiting Period can be "None" to 12 months as agreed to by the policyholder and us.
4. INDIVIDUAL EFFECTIVE DATE: bracketed wording or effective date wording agreed to by the policyholder and us will appear.
5. INDIVIDUAL REINSTATEMENT: time period can be 6, 9 or 12 months.
6. MINIMUM PARTICIPATION REQUIREMENTS: Percentage will depend on size of group and other factors.
7. ELIMINATION PERIOD:
 - 8, 15, 30, 60, 90, 180, 360, 365 days . Can also be the end of the benefit period of a salary continuance plan or short term disability plan.
8. BENEFIT: Benefit percentage can range from 40% to 70%. Benefit amount will depend on the amount of Covered Monthly Earnings. Amount of Covered Monthly Earnings varies by case, can range from \$1,000 to \$40,000. A flat benefit can also be provided, up to \$24,000 per month.
9. MINIMUM BENEFIT: None, \$50, \$100, greater of \$50 or 10 or 15% of gross monthly benefit. Greater of \$100 or 10 or 15% of gross monthly benefit. 25% of gross monthly benefit.
10. MAXIMUM DURATION OF BENEFITS:

Can use 2 year ADEA-A and 2 Year ADEA-B, 5 year ADEA-A and 5 Year ADEA-B, ADEA-A and ADEA-B schedules or any ADEA compliant schedule requested by the policyholder and agreed to by us. Benefits can be paid to age 65 or age 70. One Maximum Duration can apply to disabilities caused by Injury, another duration can apply to disabilities caused by Sickness.
11. BENEFIT AMOUNT: Section included if benefit based on percentage of earnings. Deleted if a flat benefit applies. In (3), language added if offsets are deferred. Number of deferred months can be 3, 6 or 12 months.
12. OTHER INCOME BENEFITS:
 1. Entire section can be included or deleted.
 2. If section is included, any or all of the bracketed items can be used.
13. CONTRIBUTIONS: will be contributory or non-contributory. Applicable percentage will fill in.

BENEFIT PROVISIONS

1. BENEFIT AMOUNT: Section included if benefit based on percentage of earnings. Deleted if a flat benefit applies. In (3), language added if offsets are deferred. Number of deferred months can be 3, 6 or 12 months.
2. OTHER INCOME BENEFITS:
 1. Entire section can be included or deleted.
 2. If section is included, any or all of the bracketed items can be used.
3. Estimated benefits paragraphs can be included or deleted.
4. COST OF LIVING FREEZE: section can be deleted if requested by Policyholder.
5. RECURRENT DISABILITY: time period can be 3 to 12 months.

EXCLUSIONS

Items can be included or deleted depending upon plan design.

PRE-EXISTING CONDITIONS BENEFIT

1. Time period for the Total Disability to occur in can be 3, 6, 12 or 24 months.
2. Pre-existing Condition Benefit can be a) an amount equal to the Insured's Monthly Benefit, or (b) 30 to 50% of an Insured's Covered Monthly Earnings less applicable offsets up to a maximum of \$1,000 to \$5,000 per month.
3. Benefit can be paid for 2 to 12 months.
4. Reference to the benefit being paid one time only for any one Insured can be included or deleted.
5. Last paragraph can be included or deleted. If included, the time period will match the time periods specified in #1 above. Any of the three items can be included or deleted

SURVIVOR BENEFIT

1. Benefit can be 3 or 6 times last monthly benefit.
2. Reference to "no reduction from Other Income Benefits" deleted if a "gross" benefit is applicable. Last sentence regarding wages earned in Rehabilitative Employment included or deleted.
3. Age limit 21 to 26 years of age.
4. Affidavit of domestic partnership reference can be included or deleted. Age limit age 21 to 26 years.

LIVING BENEFIT

1. Benefit will be an amount equal to 3, 6 or 12 months of the Insured's Monthly Benefit after offsets with Other Income Benefits.
2. 6, 12, 18 or 24 month time period can be used.

LIVING BENEFIT

We will pay a lump sum Living Benefit to an Insured if such Insured:

- (1) meets all of the requirement of Total Disability of this Policy;
- (2) is Certified as Terminally Ill; and
- (3) makes a Written Request for this benefit.

We may, at our option, confirm the Terminal diagnosis with a second medical exam performed at our own expense.

The Living Benefit:

- (1) will be an amount equal to [3, 6 or 12] months of the Insured's Monthly Benefit after offsets with Other Income Benefits;
- (2) is payable one time only for any one Insured under this Policy;
- (3) is payable to an Insured only while he/she is living; and
- (4) is payable in addition to the Monthly Benefit otherwise payable under this Policy for the Insured for his/her Total Disability.

"Certified" or "Certification" refers to a written statement, made by a Physician on a form provided by us, as to the Insured's Terminal Illness.

"Terminally Ill" or "Terminal Illness" means an Insured's illness or physical condition that is Certified by a Physician to reasonably be expected to result in death in less than [6, 12, 18, 24 months.

"Written Request" means a request made, in writing, by the Insured, to us.

LIVING BENEFIT

We will pay a lump sum Living Benefit to you if you:

- (1) meet all of the requirement of Total Disability of the Policy;
- (2) are Certified as Terminally Ill; and
- (3) make a Written Request for this benefit.

We may, at our option, confirm the Terminal diagnosis with a second medical exam performed at our own expense.

The Living Benefit:

- (1) will be an amount equal to [3, 6, or 12 months] of your Monthly Benefit after offsets with Other Income Benefits;
- (2) is payable one time only for you under the Policy;
- (3) is payable to you only while you are living; and
- (4) is payable in addition to the Monthly Benefit otherwise payable under the Policy for the Insured for your Total Disability.

“Certified” or “Certification” refers to a written statement, made by a Physician on a form provided by us, as to your Terminal Illness.

“Terminally Ill” or “Terminal Illness” means your illness or physical condition that is Certified by a Physician to reasonably be expected to result in death in less than [6, 12, 18, 24] months.

“Written Request” means a request made, in writing, by you to us.